

## Application Data Sheet

### Application Information

Application number::  
Filing Date:: 03/22/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:  
Computer Readable Form (CRF)?:  
Number of copies of CRF::  
Title :: Compositions and  
Methods of Treatment of  
Premature Ejaculation  
Attorney Docket Number:: 301888.3008-101  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Latin name::  
Variety denomination name::  
Small Entity?: No  
Petition included?: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mingqi  
Middle Name::  
Family Name:: Lu  
Name Suffix::  
City of Residence:: Lawrenceville  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 12 Fountayne Ln.  
City of mailing address:: Lawrenceville  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08648

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: People's Republic of  
China  
Status:: Full Capacity  
Given Name:: Qin  
Middle Name::  
Family Name:: Wang  
Name Suffix::  
City of Residence:: Plainsboro  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 5017 Quail Ridge Dr.  
City of mailing address:: Plainsboro  
State or Province of mailing address:: NJ

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08536

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: L.  
Family Name:: Yeager  
Name Suffix::  
City of Residence:: Lake Forest  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 476 Oakwood Ave.  
City of mailing address:: Lake Forest  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60045

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Y.  
Middle Name:: Joseph  
Family Name:: Mo  
Name Suffix::  
City of Residence:: Princeton  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: One Bellevue Terr.

City of mailing address:: Princeton  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08540

#### Correspondence Information

Correspondence Customer Number :: 30407

Phone number:: 508-879-5700  
Fax Number: 508-929-3073  
E-Mail address:: rpzimmerman@bowditch.com

#### Representative Information

Representative Customer Number:: 30407

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/456,604	03/21/03
This application	An application claiming the benefit under 35 USC 119(e)	60/456,813	03/21/03

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: NexMed (Holdings) Inc.  
Street of mailing address:: 350 Corporate Drive  
City of mailing address:: Robbinsville  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08691